CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

-or-

O The period covered is...

☐ Candidate

the date of leaving office.

through

Signa

STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only 2008

COVER PAGE

NOR'S OFFICE

Please type or print in ink.	A Public Document GOVERNA LEGAL AFFAIRS
NAME (LAST) (FIRST)	(MIDDLE) DAYTIME TELEPHONE NUMBER
FISHER SUS	AN L ():
MAILING ADDRESS STREET CITY (May use business address)	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court:	→ Total number of pages
OFFICE OF THE GOVERNO	R including this cover page:
Division, Board, District, if applicable:	→ Check applicable schedules or "No reportable interests."
Your Position:	I have disclosed interests on one or more of the attached schedules:
CRIME VICTIM ADVOCATE	Schedule A-1 LI Yes - schedule attached
If filing for multiple positions, list additional agen position(s): (Attach a separate sheet if necessa	
position(s). (Attach a separate sheet if necessa	Schedule A-2 Yes – schedule attached
Agency:	Investments (10% or greater Ownership)
Position:	Schedule B
2. Jurisdiction of Office (Check at least or	Schedule C Yes schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
☐ State	Schedule D Yes - schedule attached
County of	Income – Gifts
City of	Schedule E Yes – schedule attached
☐ Multi-County	I teams Travel Dovingets
Other	or-
	No reportable interests on any schedule
3. Type of Statement (Check at least one l	
Assuming Office/Initial Date://_	5. Verification
Annual: The period covered is January 1, 2007,	
through December 31, 2007.	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of
-ог-	my knowledge the information contained herein and in any
O The period covered is/, through December 31, 2007.	gh attached schedules is true and complete.
·	I certify under penalty of perjury under the laws of the State
Leaving Office Date Left:/(Check one)	of California that the foregoing is true and correct.
O The period covered is January 1, 2007, throu-	gh the $3/38/08$

FPPC Form 700 (2007/2008) PPC Toll-Free Helpline: 866/ASK-FPPC

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

➤ 1. BUSINESS ENTITY OR TRUST	➤ 1. BUSINESS ENTITY OR TRUST
RETAIL BUSINESS 101	
PO BOX 4623, OCEANSIDE CA Address 92052-4623	Name
Address 92050 - 4603	Address
Check one	Check one
☐ Trust. go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAID MADIET VALUE IS ADDITIONAL FOR LICE DATE.	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	T to 200 tto 200
\$10,001 - \$100,000	\$2,000 - \$10,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Sole Proprietorship Partnership DWNERSHIP Other	Sole Proprietorship Partnership
YOUR BUSINESS POSITION JOINT OWNER	YOUR BUSINESS POSITION
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)
S0 - \$499 \$10,001 - \$100,000	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
S500 - \$1,000 OVER \$100,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
N/A	
≥ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE	> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD $\underline{\mathbf{BY}}$ THE
BUSINESS ENTITY OR TRUST	BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box:
[REAL PROPERTY	
Name of Business Entity or	Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
	FPPC Form 700 (2007/2008) Sch. A-2